

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILING DATE		
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP					
1							51				
2							52				
3							53				
4							54				
5							55				
6	/						56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12	/						62				
13							63				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				